

**Rhode Island Department of Health
Office of State Medical Examiners**

**Status Report
MARCH 15, 2006
For the Period July 1, 2005 – December 31, 2005**

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The Rhode Island Department of Health's Office of State Medical Examiners (OSME) is committed to providing the citizens of Rhode Island the highest level of service and quality. This report intends to update the Governor and the Rhode Island General Assembly on the status of the OSME for deaths occurring in the period between July 1, 2005 and December 31, 2005.

As outlined in Rhode Island General Laws 23-4-14.1, the department has provided information on the following:

- The volume of investigations;
- Turnaround time for investigations;
- Organ/tissue donation activities;
- External reviews of the OSME, including progress toward national accreditation;
- Budget and staffing;
- Plans for continued quality and performance improvement.

Introduction

General Function of the Office of State Medical Examiners

The Office of State Medical Examiners (OSME) performs numerous valuable public health functions for the citizens of Rhode Island. The OSME investigates, through the study of medical and police records, body inspection or autopsy, scene investigation, bodily fluid analysis, or any combination thereof, all known or suspected homicides, suicides, accidents, sudden infant deaths, and drug related deaths; sudden, unexpected or medically unattended deaths; and deaths which may constitute the threat of epidemic or in any way endanger the public health.

The OSME also screens deaths for adverse reactions to medication, infant mortality (such as SIDS), infectious disease (West Nile, EEE), chemical and biological agents, and for medical errors. The OSME plays a key role in the donation of organs and tissue. The OSME is required to screen potential donors under their jurisdiction for infectious disease or conditions that may endanger the patient or the public's health. The OSME provides information to the RI Cancer Registry, HIV workgroups, and HEALTH's Office of Vital Records for the development of important public health policy objectives.

The OSME works in conjunction with HEALTH's Office of Health Statistics to participate in the National Violent Death Reporting System (NVDRS) Program. Rhode Island is one of 17 states nationally chosen to participate in this program. The NVDRS Program gathers data on various forms of violent death in order to develop injury prevention programs and to evaluate potential interventions. The OSME is also an active participant in the Rhode Island Child Death Review (CDR) Team, which is committed to a multidisciplinary review of child deaths. The OSME provides detailed information, beyond that provided on death certificates, to assist the CDR Team in its mission. Community-based partners, legislators, and public policy makers use this information to take action to prevent child deaths and improve the safety and well-being of all children. The Team's ultimate goal is to reduce the number of child deaths statewide.

Furthermore, the OSME provides expert testimony on criminal cases for state law enforcement agencies and the courts. The Chief Medical Examiner, Deputy Chief Medical Examiner, Assistant Medical Examiner (or designee) are required by statute to approve all cremations performed in Rhode Island and approve and facilitate organ and tissue donation for cases under their jurisdiction. A staff of Scene Investigators and Agents assist the Chief Medical Examiner, Deputy Chief Medical Examiner and the Assistant Medical Examiners in performing various activities related to scene investigations and examination of decedent's remains.

Additional functions include: contributing to, and expanding the current body of information and knowledge available in the field of forensic pathology; education and training of residents and fellow physicians studying in the fields of pathology and other

fields of medicine; training of law enforcement personnel relative to various techniques used in death investigations; and disseminating information on the causes of death to the general public.

Volume of Investigations

Approximately 5,500 deaths, half of all deaths in Rhode Island, are reported to the OSME every year (see Table 1). The OSME determines the cause and manner of death through approximately 1,000 death investigations per year, with approximately two-thirds requiring a postmortem examination (an Autopsy or an Inspection) and the remainder being certified "In Absentia" (e.g. not requiring a postmortem examination, but rather a review of information contained in the medical records, law enforcement records, and/or obtained by investigation of the death scene and witness interviews). A small fraction of all investigations (After Fact) occur after the death certificate has been filed by a physician other than the medical examiner.

R.I.G.L. 23-4-4 gives the OSME the authority to make postmortem examinations, to undertake inquests, or perform autopsies in any case where there is a reasonable belief that the manner of death could be pronounced as: death by a homicide, suicide, or casualty; death due to a criminal abortion; death due to an accident involving lack of due care on the part of a person other than the deceased; death related to a physical or toxic injury incurred while the deceased person was employed; deaths due to the use of addictive or unidentifiable chemical agents; or death related to an infectious agent capable of spreading an epidemic. Postmortem examinations can occur through an autopsy or through an inspection. In Rhode Island, deaths requiring an autopsy under Rhode Island General Laws encompass approximately 12% of the deaths reported to the OSME. An autopsy may entail a thorough examination of the body and internal organs, microscopic examination of tissue, toxicology studies to test for drugs and alcohol, and other ancillary studies as required. An inspection consists of the external examination of the body, toxicology studies and other ancillary studies that may be appropriate. During the period from July 1, 2005 to December 31, 2005, the OSME performed 383 postmortem examinations (348 autopsies, 35 inspections) bringing the number of postmortem examinations at the OSME for the calendar year 2005 to a record number of 775 (713 autopsies, 62 inspections). On average, the OSME performs 635 autopsies per year with a range of 616 to 672 over the past five years.

Table #1 Death investigations by Health's Office of State Medical Examiners¹

Year	2000	2001	2002	2003	2004	2005
All Rhode Island Deaths	10, 142	10,120	10,450	10,219	9,941	(est.) 10,175
Total cases reported to OSME	5,446 54%	5, 450 54%	5,602 54%	5,216 51%	5,073 51%	5,438 53%
Total reported cases requiring autopsies	646 12%	620 11%	623 13%	627 12%	616 12%	713 13%
Total reported cases not requiring autopsy	4,800 88%	4,830 89%	4,979 89%	4,589 88%	4,457 88%	4,725 87%

1 State of Rhode Island, Department of Health, Office of State Medical Examiners, Autopsy Report Review

Department of Administration, Bureau of Audits; Page 4, Table 1.1. August 31, 2005.

2 Data, as reported by Medex/Doc systems, for the period from July 1, 2005 to December 31, 2005

Turnaround Time for Investigations

Release of Remains

HEALTH's OSME is committed to meeting the needs of the family and friends of the deceased, particularly in investigations requiring an autopsy. The goal of the OSME is to ensure both a thorough and accurate investigation into the cause/manner of death and the timely release of the remains of the decedents to the family. The goal of the OSME is to release the individual/remains within 48 hours of arrival, as long as it does not jeopardize the death investigation.

Between July 1, 2005 and December 31, 2005, the OSME released the remains of 383 decedents. Of these decedents, 297 decedents (77.5%) were released within 24 hours, 52 (13.5%) were released between 24 and 48 hours, and 18 decedents (5%) were released between 48 and 72 hours. The 16 cases where the decedents were released after 72 hours occurred in situations where a decedent required positive identification, next of

kin was not known or could not be located, a case was a homicide and thus required additional testing and investigation, or the death occurred at the start of a three-day weekend in the state.

Autopsy Reports

After the remains of the decedents are released, the OSME continues its investigation into the cause and manner of death. This requires the careful testing of tissue and specimens collected during the autopsy, such as DNA and toxicology testing, and correlating the findings with medical and law enforcement records. A written autopsy report often requires a review of the medical literature, case histories, relevant medical-legal case reports and in some cases consultation with experts before a final report can be issued.

The department's goal during this period is to complete most postmortem examination reports within 6 months of receiving the remains at the OSME. There are no national standards on the time frame for completion of autopsy reports, but the NAME is currently considering adopting standards that the OSME is committed to meet once adopted. During the period July 1 through December 31, 2005, there were 348 total cases requiring autopsies. 21% (73) were completed compared to the prior six-month period when 15% were completed. However, more than half of the 348 cases are still within the six-month period. We have identified one of the major barriers to achieving this goal is the lack of a computer system. Health issued an RFI soliciting vendors for medical examiner software.

As was found by the Bureau of Audits, the previous system used to complete autopsy reports was inefficient, lacked adequate accountability, and was hindered by a time consuming and labor intensive processes. Since the change in leadership at the OSME on June 03, 2005, and in conjunction with recommendations by the Bureau of Audits, HEALTH has revised and streamlined the process by which autopsy reports are reviewed and finalized. Pathologists have been given the ability to close their cases without the approval of the Chief Medical Examiner. Certain cases (child deaths and homicides) are still required to be reviewed by the Chief Medical Examiner, and a percentage of cases are peer reviewed as a quality assurance measure. Streamlining the final approval process improves the OSME's ability to meet the needs of decedents to receive a final autopsy report as quickly as possible.

Additional measures are being taken to improve the quality and timeliness of autopsy reports. HEALTH is working in cooperation with the State's Office of Information Technology (DOIT) to improve efficiency and implement internal systems and controls. This partnership has identified that the lack of a computer system significantly contributes to delays. As such, we have secured funds via the Public Health Emergency Preparedness Grant to purchase software to handle Medical Examiner cases and generate reports. We have issued an RFI and are close to selection. In addition, toxicology reports can also contribute to delays. This is being addressed by increasing overtime and close examination of the number and types of toxicology tests performed on all cases.

Organ/Tissue Donation Activities

The OSME reviews all New England Organ Bank (NEOB) requests for potential organ and tissue donation in relation to deaths under OSME jurisdiction. The OSME review focuses on ensuring that organ donation does not jeopardize an investigation into any unnatural cause of death, such as those due to homicide or those that may be harmful to the transplant recipient (e.g. death due to infectious causes). In the second half of 2005, the OSME received 30 requests for organ and tissue donation to NEOB. During this period, only 2 requests (15 %) were denied donation. Both were for cadaveric tissue donation and not “beating heart” organs. These cadaveric tissue donations were denied as one was a homicide and the other was possibly an infectious case. In 5 cases, the Medical Examiner placed some restrictions as to what tissues may be procured so that the investigation and evidence would not be compromised.

Dialogue between the New England Organ Bank and the OSME has improved greatly, and the process for requesting permission to harvest organs/tissue has been streamlined. In addition, the OSME has implemented a new tracking system for organ bank requests that ensures a faster, better-documented process. The OSME maintains good communication with the NEOB to ensure this successful relationship continues to serve the public.

External Reviews of the OSME

OSHA Review

Since all previous violations/concerns identified in a course of the review of OSME by the Occupational Health and Safety Administration (OSHA) have been abated (as acknowledged in a letter from OSHA dated February 4, 2005) and no new safety concerns have been raised by either OSME staff or Council 94, no external reviews of the OSME occurred in the second half of the year 2005. The OSME management has continued to meet with the Council 94 President and the Acting Director of the Laboratories/Human Resources Director to address any employee issues.

NAME Accreditation

The OSME has begun the process of working toward accreditation from the National Association of Medical Examiners (NAME). HEALTH personnel have begun to evaluate current staffing, equipment, documentation, and physical conditions at the OSME to determine preliminary compliance with NAME guidelines. The OSME is committed to obtaining accreditation by NAME. This will be a long process, but the first steps have been taken. A grant proposal was submitted to gain funding to conduct a pre-accreditation consultation, but was unfortunately not funded. OSME will reapply when the grant application period reopens in June 2006, for the Paul Coverdell Forensic Sciences Improvement Grant. This program provides funding to State and local governments to improve the quality and timeliness of forensic science and medical

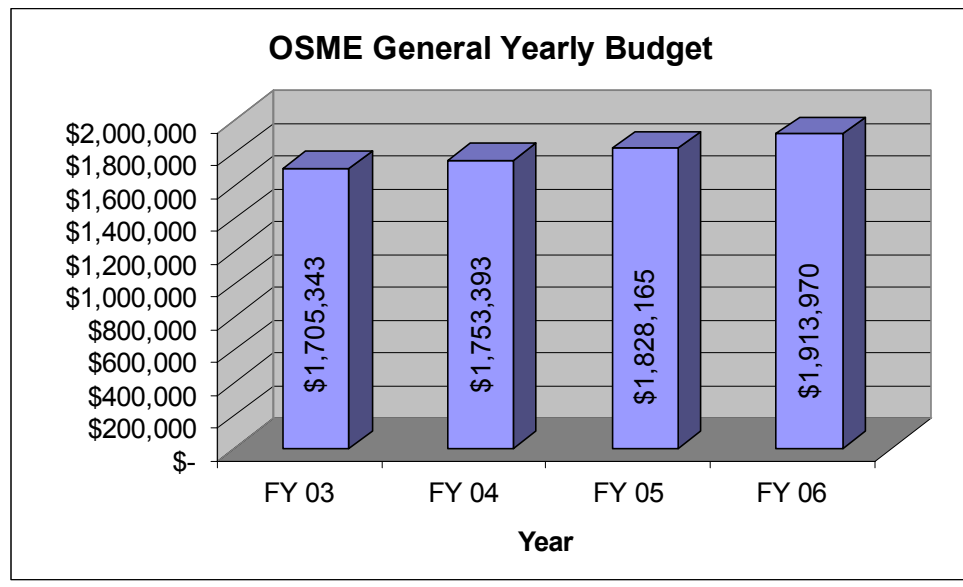
examiner services and/or to eliminate backlogs in forensic pathology, toxicology, in the analysis of forensic evidence, including controlled substances, firearms examination, and trace evidence.

The OSME also reached out to a NAME Accreditation Inspector to conduct a “mock” visit to help us prepare for the grant application. Additionally, staff from the OSME have worked with this accreditation inspector through a site visit to the Delaware State Medical Examiners Offices to assess the degree of compliance of the Rhode Island OSME with the NAME requirements. These efforts have assisted the OSME in identifying areas that need to be addressed and developing an approach to resolve these issues and ensure successful completion of the accreditation process.

BUDGET AND STAFFING

Budget

The OSME currently receives the majority of its funding from general revenue. Over the last 4 fiscal years, the budget has remained stable (See chart below). There was a 4.26% increase in funds for the OSME in FY2005. For FY06, the OSME’s enacted budget is \$1,913,970, a 4.69% increase.



Grant Funding

Under the CDC’s Public Health Emergency Preparedness Program, a \$93,000 grant was awarded to OSME to purchase a software package for management of cases, decedent’s records, and associated reports. The OSME currently has an inadequate system to track this information. The current tracking system hinders efficiency, the ability to evaluate performance, the ability to generate statistical reports, and the ability to rapidly access a

decedent's records. The new computer-based tracking system will improve the OSME's ability to serve the public in a more effective and efficient manner. A fully integrated computerized case management system will allow for improved procedures, protocols, forms, and documentation for the effective tracking and reporting of cases.

The Rhode Island Department of Administration, Division of Purchases, on behalf of the State of Rhode Island, Department of Health, issued a Request For Information (RFI) for an Electronic Medical Examiners Information System. Submission deadline for proposals is March 21, 2006, and all information was placed on the State Purchasing Website.

Staffing

The OSME currently has a total staff of 17.5 FTE's. Current staff levels are: 1 Chief Medical Examiner (recently hired; anticipated start date is May 2006), 3 Pathologists (excluding the Chief Medical Examiner; 1 vacant Deputy Chief Medical Examiner position, recruitment to begin in May 2006), 5 Investigators (1 hired –August 10, 2005), 3 Medical Examiner Agents (1 vacant and currently actively recruiting, 2 hired-August 21, 2005 and September 18, 2005), 2 Case Managers, 2 Clerical Staff, 1 Medicolegal Administrator (hired - October 17, 2005), 1/2 Fiscal Management Officer.

Core staffing at the OSME has been below professional staffing levels for some time. The Department of Health assigned a staff person from HEALTH's Office of Human Resources on a part-time basis to assist the OSME prior to filling the position of Medicolegal Administrator with hiring personnel, handling of staff issues, work flow re-design, and policy development. As a result of these efforts, the OSME increased its staffing of vacant positions and thereby increased its efficiency and ability to better serve the citizens of Rhode Island.

The Interim Chief Medical Examiner, the Medicolegal Administrator, and the HR Coordinator are working collaboratively to post and fill remaining vacant positions at the OSME. These positions include the following: (1) Medical Examiner Agent and (1) Deputy Chief Medical Examiner. Interviews for the vacant Medical Examiner Agent positions will begin in March of 2006. These new hires will enable the OSME to further improve turn around time for the release of the remains of decedents and the issuing of autopsy reports.

Recruitment efforts for the Medicolegal Administrator for the OSME resulted in a successful hire of Mr. Robert E. O'Donnell, Jr. on October 17, 2005. The position ensures 24/7 operations of the office, daily management and supervision of investigative, mortuary, case management and office support staff. The Medicolegal Administrator also has responsibilities related to budget, contracts, office accreditation, standard operating procedures, grant activities, training, compliance with health and safety standards, quality customer service, mass fatality response co-coordination, and service as a liaison with other agencies.

HEALTH conducted a nationwide recruitment search for candidates to fill the position of

Chief Medical Examiner. The interviews for this position began in September 2005. HEALTH involved members from the Medical Examiner's Commission and a representative from the Rhode Island Police Chief's Association to participate in the process. The new Chief Medical Examiner, Thomas Gilson, M.D., will oversee the daily operations of the OSME, represent the office and the department, contribute to policy development, and work with community partners to ensure the highest medical standards and quality of care for patients and their families.

Staff Issues and Workflow

The new Medicolegal Administrator closely examined the duties and responsibilities of staff to identify methods to improve workflow and efficiency. As a result, the front office and case management tasks were reassigned in order to meet the needs of the public. Staff reassignments are consistent with the cooperative HEALTH/DOIT workflow study and improvement of internal systems and controls. Additionally, all staff is now in compliance with health regulations (Hepatitis B, PPD, respirator medical clearance exams, respirator fit testing). As a result, the director received a letter of support signed by twelve of the OSME office staff supporting these changes, reflecting that the shifts that are occurring have been improving services to Rhode Island.

Policy Development

Human Resources involvement at the OSME prior to hiring a Medicolegal Administrator has led to the development and clarification of department-wide and office-specific policies. Such policies have included the following: Reporting to Work, Chain of Custody, and Health and Safety.

Since the hiring of the new Medicolegal Administrator, new policies on Overtime, Employee Callback, Investigator Scene Bags, Intracranial Hemorrhage, Confidential Paperwork, Body Bags Distribution, Lunch and Break Times, Use of Telephones and Certification Sheets are in effect. Policies have also been drafted in regards to Livery Service and Scene Investigators Work Schedule and should be effective before April 1, 2006, as administration is working on them with Council 94 and Human Resources.

Improvements in OSME Operations

Efforts made by the OSME Medicolegal Administrator and staff in recent months has improved the training, efficiency, and day-to-day operations of the OSME. The OSME is now better serving the public through the following efforts.

A. Allowing families and funeral home directors easier access to information.

- ❖ A website with general information on actions of the OSME has been developed.
 - Provide information on death certificates
 - Pending death certificates and insurance
 - How to obtain a death certificate
 - Frequently asked questions
- ❖ Letters are now being sent to the families requesting homicide reports, informing

them that the release of the report may be delayed pending clearance from the Attorney General's Office.

- ❖ The families are being informed that a pending death certificate is a legal document that can be used to resolve insurance matters and how they will be notified when the death certificate is amended. Many families were unaware that a pending death certificate is a legal document.

B. Initiating feedback evaluation from law enforcement.

The Medical Examiners Office hosted a class of thirty-five Police Officers from the URI Crime Lab School on January 20, 2006. A full day forensic program of lectures by the Medical Examiner and other members of the Health Department Laboratories initiated a strong “Public Relations” between the Crime Lab and the Medical Examiners Office/Health Department. Similar teaching programs are planned to be held annually at OSME.

A similar series of lectures by the Medical Examiners Office and other members of the Health Department Laboratories are being planned at OSME for attendees of all three Police Academies in the State of Rhode Island: The Rhode Island State Police, the Providence Police Department and the Rhode Island Municipal Police Academy.

C. Increasing emergency preparedness.

- ❖ HEALTH works closely with DOH, EMA, state and local law enforcement and rescue personnel to ensure effective and timely communication in case of emergency/mass fatality. A Statewide Mass Fatality Plan in collaboration with other state agencies in December 2005 is being continually updated.
- ❖ The OSME participates in local mass casualty drills. OSME staff took part in the Mock Airport Disaster Drill "Apex '05", and in an event at the Providence Place Mall in September 2005.

D. Improvements in day-to-day operations.

- ❖ The Medical Examiners Office has begun to convert all Polaroid photography over to digital. Cost of Polaroid film alone for the Medical Examiners Office from July 1, 2005 to December 31, 2005 was \$9300. OSME administration has requested and received bids for camera, scanner and computer for the conversion from Polaroid to digital to begin to save money after purchase of additional equipment and to abandon outdated and costly technology.
- ❖ Inventory of the “Evidence Room” has been completed. All evidence has been moved to a new secured room centrally located within the office. Property, which is not needed, is being returned to the Police Departments, which seized it. On Monday, February 20, 2006, the Providence Police Department was the first to have the property returned to them. Other police jurisdictions will follow. Medications and drugs that have been seized over more than a decade have been inventoried. On Tuesday, March 21, 2006, those that are not needed will be destroyed at the Lebaron Foundry in Brockton, Massachusetts, at no cost to the State. Rhode Island State Police and other Police Departments use this facility routinely for destruction of

property. The Office of the Attorney General has been consulted to ensure that no needed evidence will be destroyed.

- ❖ In January 2006, all “Wet Tissue” that was over five (5) years old and neither part of a homicide case nor specifically requested to be held, has been destroyed. This exceeds both the standards established by the NAME (3 years) and by the College of American Pathologists (1 year).
- ❖ The process of relocating and reorganization of case files (such as storage at Capital Records and moving records into one location within Medical Examiners Office) to comply with accreditation requirements of retaining five (5) years of case files on premise is well advanced. Storage of files in the basement can no longer take place without risking damage of case files. Thus, a room that once stored “Wet Tissue” has been completely refurbished. Walls were painted and fresh wax was applied to the floor, thus creating the necessary new “Records Room” for the Medical Examiners Office. We are pursuing the feasibility of purchasing mobile file cabinets to utilize the limited space to the maximum.
- ❖ Supplies/body bags are now being stored in a locked closet and are inventoried regularly to assist in keeping track of usage.

Plans for Continuing to Improve Performance
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While the OSME has already made changes in how the office functions and work is completed, and feedback on the OSME performance in general has been positive, there are areas that can be improved further. Based on the review of current performance and external reviews, plans for continuing to improve performance in the OSME include the following:

A. Decrease turnaround time.

The OSME has improved turnaround time for the release of decedents and issuing of autopsy reports by improving workflow to decrease needed time to complete autopsy reports. Our goal is to achieve 50% of reports available within 6 months and at least 25% available within 3 months. IT personnel have been conducting a work flow study in order to see how we can work better and to aid in developing/purchasing a computer system.

Our database for tracking release of remains of decedents and completion of autopsy reports has been updated recently, thus enabling OSME to track and flag different phases of each case until the professional software is implemented. The new software will help to identify reasons for delays and to help reallocate resources when delays are occurring. It will also help HEALTH to evaluate our ability to achieve desired objectives. Changes have already been made in the process of signing a death certificate and other related paperwork. This streamlined signature process allows for the quicker release of decedents to funeral homes.

B. Computerization of the Office.

As previously mentioned, an internal assessment of workflow is underway, and will be used in the development of a computer based case management system. Grant proposals have been submitted and accepted to gain funding for the computer system and support. Computerization will allow for accurate record and tracking of OSME cases, and will be utilized to adopt a "flagging" system to alert one as to cases that should be completed.

C. Personnel and Safety Training.

A Standard Operating Procedures (SOP) manual is in a process of development. The section on Autopsy Services, Investigative Guidelines book for the Scene Investigators, and Office Safety Manual are completed. OSME staff has requested to participate in professional development opportunities such as the national certification program for scene investigators, the URI BCI School, and the federal DMORT volunteer program. Additionally, staff would like support for membership to the Rhode Island Criminalist Association (RICA). These opportunities should positively impact the quality of their work and enable staff to network with other professionals that share similar work interests. These efforts are strongly supported by the new Chief Medical Examiner.

D. Improve Security.

The Medicolegal Administrator has made contact with several security firms to seek their input on how to improve security at the Medical Examiners Office. The Capitol Police Chief has also been contacted, as well as other members of the Department, in finding ways to fund the project as well as the best way to complete the project.

E. Continue to improve the use of current technology.

We have begun to look at the feasibility of converting from X-ray film radiography into an X-ray digital process. The Medical Examiner staff has visited Fatima Hospital to review new digital equipment available in order to understand the options for replacement of outdated and unreliable X-ray film processing equipment currently in use at OSME. This would result in long-term savings to OSME by eliminating the cost of X-ray film, developer supplies, and maintenance of processing equipment.